



CITY OF DUBLIN, OH

Land Use and
Long Range Planning
5800 Shier-Rings Road
Dublin, Ohio 43016-1236

Phone/ TDD: 614-410-4600
Fax: 614-410-4747
Web Site: www.dublin.oh.us

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

I. PLEASE CHECK THE TYPE OF APPLICATION:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Informal Review | <input type="checkbox"/> Final Plat
(Section 152.085) |
| <input type="checkbox"/> Concept Plan
(Section 153.056(A)(1)) | <input type="checkbox"/> Conditional Use
(Section 153.236) |
| <input type="checkbox"/> Preliminary Development Plan / Rezoning
(Section 153.053) | <input type="checkbox"/> Corridor Development District (CDD)
(Section 153.115) |
| <input type="checkbox"/> Final Development Plan
(Section 153.053(E)) | <input type="checkbox"/> Corridor Development District (CDD) Sign
(Section 153.115) |
| <input type="checkbox"/> Amended Final Development Plan
(Section 153.053(E)) | <input type="checkbox"/> Minor Subdivision |
| <input type="checkbox"/> Standard District Rezoning
(Section 153.018) | <input type="checkbox"/> Right-of-Way Encroachment |
| <input type="checkbox"/> Preliminary Plat
(Section 152.015) | <input type="checkbox"/> Other (Please Specify): _____ |

Please utilize the applicable *Supplemental Application Requirements* sheet for additional submittal requirements that will need to accompany this application form.

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): SNOWDROP CRT (S. SIDE) OAKMEADOW DR (E. SIDE)	
Tax ID/Parcel Number(s): PRIMROSE CRT (N. SIDE)	Parcel Size(s) (Acres):
SEE ATTACHED SHEET FOR PARCELS + ADDRESSES	± 4 AC.
Existing Land Use/Development: UNDEVELOPED PARCELS/LOTS	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development:
SINGLE FAMILY
Total acres affected by application:
± 4 AC

III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization): OAK PARK DUBLIN, LLC	
Mailing Address: (Street, City, State, Zip Code) 90 Woodbridge Center Dr. WOODBRIDGE, NJ 07095	
Daytime Telephone: (732) 750-1111	Fax: (732) 596-8461
Email or Alternate Contact Information: Bill H @ Atlantic 2 DC . com .	

II PROJECT INFORMATION

Tax ID/Parcel Numbers - Union County

CAMANo/Parcel Number (Note- Addresses are from Union Co and may not reflect addresses as shown in Dubscovery)

3900280140220	OAK PARK DUBLIN LLC	7001 SNOWDROP CT	DUBLIN, OHIO 43016
3900280140230	OAK PARK DUBLIN LLC	7005 SNOWDROP CT	DUBLIN, OHIO 43016
3900280140240	OAK PARK DUBLIN LLC	7009 SNOWDROP CT	DUBLIN, OHIO 43016
3900280140250	OAK PARK DUBLIN LLC	7013 SNOWDROP CT	DUBLIN, OHIO 43016
3900280140260	OAK PARK DUBLIN LLC	7017 SNOWDROP CT	DUBLIN, OHIO 43016
3900280140270	OAK PARK DUBLIN LLC	7021 SNOWDROP CT	DUBLIN, OHIO 43016
3900280140280	OAK PARK DUBLIN LLC	7025 SNOWDROP CT	DUBLIN, OHIO 43016
3900280140290	OAK PARK DUBLIN LLC	7029 SNOWDROP CT	DUBLIN, OHIO 43016
3900280140300	OAK PARK DUBLIN LLC	7033 SNOWDROP CT	DUBLIN, OHIO 43016
3900280140310	OAK PARK DUBLIN LLC	7037 SNOWDROP CT	DUBLIN, OHIO 43016
3900280140320	OAK PARK DUBLIN LLC	7041 SNOWDROP CT	DUBLIN, OHIO 43016
3900280140330	OAK PARK DUBLIN LLC	7045 SNOWDROP CT	DUBLIN, OHIO 43016
3900280140340	OAK PARK DUBLIN LLC	8028 OAK MEADOW DR	DUBLIN, OHIO 43016
3900280140350	OAK PARK DUBLIN LLC	8024 OAK MEADOW DR	DUBLIN, OHIO 43016
3900280140360	OAK PARK DUBLIN LLC	8020 OAK MEADOW DR	DUBLIN, OHIO 43016
3900280140370	OAK PARK DUBLIN LLC	8016 OAK MEADOW DR	DUBLIN, OHIO 43016
3900280140380	OAK PARK DUBLIN LLC	8012 OAK MEADOW DR	DUBLIN, OHIO 43016
3900280140390	OAK PARK DUBLIN LLC	8008 OAK MEADOW DR	DUBLIN, OHIO 43016
3900280141210	OAK PARK DUBLIN LLC	8004 OAK MEADOW DR	DUBLIN, OHIO 43017
3900280140880	OAK PARK DUBLIN LLC	O OAK MEADOW DR	DUBLIN, OHIO 43017
3900280140890	OAK PARK DUBLIN LLC	7992 OAK MEADOW DR	DUBLIN, OHIO 43017
3900280140900	OAK PARK DUBLIN LLC	7998 OAK MEADOW DR	DUBLIN, OHIO 43017
3900280140910	OAK PARK DUBLIN LLC	7984 OAK MEADOW DR	DUBLIN, OHIO 43017
3900280140920	OAK PARK DUBLIN LLC	7980 OAK MEADOW DR	DUBLIN, OHIO 43017
3900280140930	OAK PARK DUBLIN LLC	7976 OAK MEADOW DR	DUBLIN, OHIO 43017
3900280140940	OAK PARK DUBLIN LLC	7972 OAK MEADOW DR	DUBLIN, OHIO 43017
3900280140970	OAK PARK DUBLIN LLC	7044 PRIMROSE CT	DUBLIN, OHIO 43017
3900280140980	OAK PARK DUBLIN LLC	7040 PRIMROSE CT	DUBLIN, OHIO 43017
3900280140990	OAK PARK DUBLIN LLC	7036 PRIMROSE CT	DUBLIN, OHIO 43017
3900280141000	OAK PARK DUBLIN LLC	7032 PRIMROSE CT	DUBLIN, OHIO 43017
3900280141010	OAK PARK DUBLIN LLC	7028 PRIMROSE CT	DUBLIN, OHIO 43017
3900280141020	OAK PARK DUBLIN LLC	7024 PRIMROSE CT	DUBLIN, OHIO 43017
3900280141030	OAK PARK DUBLIN LLC	7020 PRIMROSE CT	DUBLIN, OHIO 43017
3900280141040	OAK PARK DUBLIN LLC	7016 PRIMROSE CT	DUBLIN, OHIO 43017
3900280141050	OAK PARK DUBLIN LLC	7012 PRIMROSE CT	DUBLIN, OHIO 43017
3900280141060	OAK PARK DUBLIN LLC	7008 PRIMROSE CT	DUBLIN, OHIO 43017
3900280141070	OAK PARK DUBLIN LLC	7004 PRIMROSE CT	DUBLIN, OHIO 43017
3900280141080	OAK PARK DUBLIN LLC	7000 PRIMROSE CT	DUBLIN, OHIO 43017


IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: <u>CHRISTOPHER T. CLINE</u>	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): <u>BLAUGRUND, KESSER, MYERS + POSTALAKIS</u>	
Mailing Address: (Street, City, State, Zip Code) <u>300 WEST WILSON BRIDGE RD # 100</u>	
Daytime Telephone: <u>614-764-0681</u>	Fax: <u>614 764-0774</u>
Email or Alternate Contact Information: <u>CTC@BHM Law. com</u>	

V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable.

Name: <u>SAME AS ABOVE</u>	
Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

I <u>William K. Hayes II</u> , the owner, hereby authorize	
_____ to act as my applicant or	
representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner: 	Date: <u>9-23-16</u>

☐ Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this 23rd day of September, 20 16

State of New Jersey

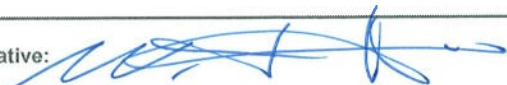
County of Middlesex

Notary Public



DEBORAH A LACOVARA
A Notary Public of New Jersey
My Commission Expires 09/25/2017

VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I <u>William K. Hayes II</u> , the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.	
Signature of applicant or authorized representative: 	Date: <u>9-23-16</u>

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I <u>William K. Hayes, II</u> , the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.	
Signature of applicant or authorized representative:	Date: <u>9.23.16</u>

IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I <u>William K. Hayes, II</u> , the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of applicant or authorized representative:	Date: <u>9.23.16</u>

Subscribed and sworn to before me this 23rd day of September, 20 16
 State of New Jersey
 County of Middlesex

Notary Public Deborah A. Lacovara

DEBORAH A. LACOVARA
 A Notary Public of New Jersey
 My Commission Expires 09/25/2017

FOR OFFICE USE ONLY			
Amount Received:	Application No:	P&Z Date(s):	P&Z Action:
Receipt No:	Map Zone:	Date Received:	Received By:
City Council (First Reading):		City Council (Second Reading):	
City Council Action:		Ordinance Number:	
Type of Request:			
N, S, E, W (Circle) Side of:			
N, S, E, W (Circle) Side of Nearest Intersection:			
Distance from Nearest Intersection:			
Existing Zoning District:		Requested Zoning District:	